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CONFIRMATION NO. 8929

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|------------------------------------|---|---------------------|-------------------------------|-------------------------------------|
| <b>SERIAL NUMBER</b><br>10/821,623 | <b>FILING OR 371(c) DATE</b><br>04/09/2004<br><b>RULE</b> | <b>CLASS</b><br>359 | <b>GROUP ART UNIT</b><br>2872 | <b>ATTORNEY DOCKET NO.</b><br>82205 |
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\*** *None Given!*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *Classified (06/07)*  
 GERMANY 103 16 242.9 04/09/2003

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 06/26/2004**

|  |  |                                    |                             |                           |                                |
|--|--|------------------------------------|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature <i>[Signature]</i> Initials <i>06/07</i> | <b>STATE OR COUNTRY</b><br>GERMANY | <b>SHEETS DRAWING</b><br>10 | <b>TOTAL CLAIMS</b><br>45 | <b>INDEPENDENT CLAIMS</b><br>3 |
|--|--|------------------------------------|-----------------------------|---------------------------|--------------------------------|

**ADDRESS**  
23685

**TITLE**  
Tilting system for an observation device and an observation device

|                                    |   |   |
|------------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>2414 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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